

# ARIZONA APPLICATION – SENIOR TELEPHONE DISCOUNT PROGRAM (STDP)

**Please Read All Instructions Before Completing**

**Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will only be used to assess your eligibility for the Senior Program.**

**PLEASE NOTE: For the purposes of this form the Senior Discount Program will be referred to as Lifeline.**

Telephone Number(Must be a landline)		Existing Account #	Telephone Service Provider
First Name (No Initials)	MI	Last Name	
Address Where Service Is Located (No PO Boxes)		City	State
Zip Code		Check here if this is a temporary address: <input type="checkbox"/>	
Check here if you participate in the Address Confidentiality Program <input type="checkbox"/>	Billing Address, City, State & Zip Code (If different from Service Address) (PO Boxes Allowed)		
Last four digits of Social Security Number		Or Last four digits of Tribal Identification Number	
Date of Birth		E-Mail Address	

**INCOME GUIDELINES: (Documentation required) PLEASE CHECK the corresponding box on the annual income chart and fill in actual monthly income below, including Social Security and/or Pension benefits. Please indicate the number of household members if more than 5.**

Number in Household	IF YOUR TOTAL YEARLY HOUSEHOLD INCOME IS <u>AT OR BELOW</u> THE AMOUNTS LISTED, WHICH ARE: Senior Plan 100% of Federal Poverty Level
1 <input type="checkbox"/>	\$11,770
2 <input type="checkbox"/>	\$15,930
3 <input type="checkbox"/>	\$20,090
4 <input type="checkbox"/>	\$24,250
5 <input type="checkbox"/>	\$28,410
For each additional household member add	\$4,160
Number of household members greater than 5: _____	Actual Monthly Income: \$ _____

1. THIS PROGRAM GIVES ME A REDUCED TELEPHONE RATE BECAUSE:
  - I AM THE HEAD OF HOUSEHOLD,
  - I AM 65 YEARS OF AGE OR OLDER, AND
  - MY INCOME IS AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL.
2. The above information is true and complete. I authorize the Arizona Department of Economic Security, Division of Aging and Adult Services (DES/DAAS) and/or delegate agencies to contact any sources necessary to establish the accuracy of the information I have given regarding my household and income. If found eligible by DAAS, permission is granted to release my name, Social Security Number, address and telephone number to the telephone company for the purpose of receiving a discount on my phone bill. I further understand that the disclosure of my Social Security Number is voluntary and not mandatory, and will only be used for the purpose stated herein.

\_\_\_\_\_  
My Signature as Head of Household

\_\_\_\_\_  
Date

**THIS FORM EXPIRES JUNE 30, 2016**

**STL-A**

**PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE STDP/LIFELINE PROGRAM BEFORE YOU SIGN BELOW:**

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

**PLEASE READ AND CHECK-MARK THE FOLLOWING, IN ORDER FOR YOUR APPLICATION TO BE PROCESSED:**

**I certify, under penalty of perjury, that:**

- \_\_\_\_\_ • I understand and consent to CenturyLink providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, CenturyLink will deny me Lifeline service.
- \_\_\_\_\_ • I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- \_\_\_\_\_ • My household meets the program-based or income-based eligibility criteria indicated on my application.
- \_\_\_\_\_ • I must notify CenturyLink within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify CenturyLink may result in penalties and deenrollment from the program.
- \_\_\_\_\_ • I must notify CenturyLink within 30 days if I move to a new address.
- \_\_\_\_\_ • Only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.
- \_\_\_\_\_ • I understand that my CenturyLink Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.
- \_\_\_\_\_ • I understand that providing false or fraudulent information to receive Lifeline assistance is punishable by law.
- \_\_\_\_\_ • I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.
- \_\_\_\_\_ • The information contained in this form is true and correct to the best of my knowledge.

\_\_\_\_\_ Date: \_\_\_\_\_  
**Senior Discount Program Applicant Signature**  
(Must be the same name as on page one)

**Please mail this completed application and supporting documents to:**  
Arizona Department of Economic Security  
Division of Aging and Adult Services  
Senior Telephone Discount Program – 950A  
P.O. Box 6123  
Phoenix, AZ 85005-6123

**Questions concerning STDP?**  
Call DES-DAAS at  
1-602-542-4446  
Or  
1-800-582-5706

**Application Checklist – Please provide the following:**

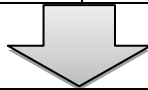
1. Signed and completed STDP application form. Applicant name must be Account Holder name.
2. Proof of income for the past 30 days
3. Verification of Social Security Numbers for all adult (over age 18) household members

A household is defined as a group of individuals who live together, at the same address, and share income and expenses. For example, apartments in an apartment building are usually unique households. Individuals living in a nursing home can be considered unique households. Answer the questions below to determine if there is more than one household living at your address. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.

1. Does another adult (age 18 or older or emancipated minor) live with you AND have a Lifeline-discounted phone service or a “free” wireless phone? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

☐ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. **Please SIGN below** to certify that this is true.

☐ **Yes.** Please answer question 2 below.



2. Do you share expenses for bills, food, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted phone service?

☐ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. **Please SIGN below** to certify that this is true.

☐ **Yes.** STOP. Do not sign the form. You are NOT ELIGIBLE because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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